

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN4901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>02 - LIC</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAUDERDALE COMMUNITY LIVING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 LACKEY LANE RIPLEY, TN 38063</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 002	<p>1200-8-6 No Deficiencies</p> <p>This Rule is not met as evidenced by:</p> <p>--</p> <p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/09/2020. During this Life Safety Survey, Lauderdale Community Living Center was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).</p> <p>The requirements at 1200-080-06, Standards for Nursing Homes is MET as evidenced by:</p>	N 002		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE